Request for Proposals
Adult Psychiatric Inpatient Care in Vermont: Incidence / Prevalence Study to Estimate the Number of Psychiatric Inpatient Beds Needed for the Next 10 Years

DRAFT – Feedback welcome through Tuesday, Nov. 1, 2005
Email btanzman@vdh.state.vt.us
October 21, 2005

Overview

The Vermont Department of Health and the community of Mental Health Stakeholders are planning for the replacement of our single state hospital. The current Vermont State Hospital (VSH), located in Waterbury, is a stand-alone-facility and is licensed for 54 beds. A multi-year planning process has developed the following general policy recommendations:

- ✓ The current facility is antiquated and should be replaced
- ✓ The replacement service should be developed in meaningful proximity with a general hospital inpatient service
- ✓ Vermont should continue to make new investments in community services to reduce our reliance on inpatient care, thereby continuing to reduce the number of inpatient beds required
- ✓ The replacement service should be developed at a single, primary site with one or two inpatient capacities for geographic access all operating under a single set of operational standards for consistency.

The VSH replacement service must address both acute and longer term psychiatric inpatient treatment for several core client groups. These include:

- ✓ individuals ordered for an Emergency Exam or a Forensic evaluation to determine sanity and competence and whose treatment needs exceed the capacity of Vermont's five other Designated inpatient programs
- ✓ individuals in Corrections custody who require psychiatric inpatient care
- ✓ Individuals with a complex course of illness who require longer inpatient stays with commensurate specialized programming.

In addition, the design and size of the VSH replacement service must reflect trends in the state's current inpatient programs, population changes, and the continuing evolution of psychiatric inpatient care. As such, the overall number, geographic distribution, and role of all of Vermont's psychiatric inpatient beds should be considered in the planning context of the VSH replacement service.

Vermont is seeking - with this RFP- an independent analysis to recommend the number of adult inpatient beds that should be created at the VSH replacement service(s) and an assessment of the number of general hospital adult psychiatric beds needed in our state.

SCHEDULE

November 4th, 2005	Issue RFP
November 30th, 2005	Deadline for Receipt of Written Proposals
December 6th , 2005	Selection Committee Meets
December 20th, 2005	Award Contract
January 20th, 2006	Contractor's Report Due

INSTRUCTIONS TO BIDDERS

Proposal Format

Use standard 8.5" X 11" white paper. Documents must be single-spaced and use not less than a twelve-point font. Pages must be numbered. (It is requested that agencies include a floppy disk or CD with this information to facilitate proposal reviews and final contract development with the apparently successful bidder.)

The program narrative should not exceed 20 pages, excluding Attachments, Required Schedules or Forms.

State your organization's name on each page of your program proposal and on any other information you are submitting.

Proposal Content

Interested individuals should submit their proposal with the following information:

- Applicant's experience and qualifications for performing the study and writing the report,
- A description of the approach and methodology to be used,
- Specification of discrete activities to be undertaken
- Maximum hours anticipated for the study activities
- Hourly or project rate for work performed,
- Estimates of other expenses (for example, telephone calls, travel, postage) connected with carrying out the study,
- Total projected costs,
- Relevant supporting material (if any)

Delivery of Proposals

Proposals must be received no later than 2:00 p.m. on November 30th, 2005 at the following address:

Beth Tanzman
Department of Health
Division of Mental Health
108 Cherry St.
Burlington, VT 05402-0070
RE: Response to RFP – VSH Futures Actuarial Study

Public Disclosure

All proposals shall become the property of DMH.

All public records of DMH are available for disclosure, except for RFP's prior to the release to potential bidders; and proposals and bids received in response to the RFP, until the Contractor and the Department have executed the contract.

DMH will not disclose RFP records until execution of the contract(s). At that time, all information about the competitive procurement is disclosed except those portions specifically marked by the bidder as falling within one of the exceptions of 1 VSA Sec. 317.

Costs of Proposal Preparation

DMH will not pay any bidder costs associated with preparing or presenting any proposal in response to this RFP.

Receipt of Insufficient Competitive Proposals

If DMH receives one or fewer responsive proposals as a result of this RFP, DMH reserves the right to select a Contractor, which best meets DMH's needs. The Contractor selected need not be the sole bidder but will be required to document their ability to meet the requirements identified in this RFP.

Non-Responsive Proposals/Waiver of Minor Irregularities

Read all instructions carefully. If you do not comply with any part of this RFP, DMH may, at its sole option, reject your proposal as non-responsive.

DMH reserves the right to waive minor irregularities contained in any proposal or to seek clarification from bidding agency.

RFP Amendments

DMH reserves the right to amend this RFP. DMH will mail any RFP amendments to all bidders who sent a letter of intent.

Right To Reject All Proposals

DMH may, at any time and at its sole discretion and without penalty, reject any and all proposals and issue no contract as a result of this RFP.

Authority To Bind DMH

The Commissioner is the only person(s) who may legally commit the Department of Health, Division of Mental Health to personal services, client service, and information service contracts. The Contractor shall not incur, and DMH shall not pay, any costs incurred before a contract is fully executed.

The Department of Health Services reserves the right to accept or reject any or all bids. The proposals will be evaluated by the staff of DDMHS. If an organization is selected, representatives will be invited to negotiate a contract.

The Department will inform applicants of its decision by December 20th, 2005.

Questions Concerning RFP:

Beth Tanzman
Department of Health
Division of Mental Health
108 Cherry St.
Burlington, VT 05402-0070
802-652-2000

Background

Description of Current Inpatient Psychiatric Hospitalization in Vermont

In Vermont, psychiatric hospitalization is seen as the most intensive, restrictive, and expensive level of care for adults with major mental illnesses. Only when a less intensive level of care is not sufficient to treat or maintain the safety of the individual or the community is hospitalization considered. Hospitalization serves the purpose of stabilizing acute psychiatric symptoms, providing an opportunity for medication management or adjustment, and assisting with patients' transition back into their communities. In Vermont, this specialized care is available at the state-operated Vermont State Hospital; four local general hospitals with psychiatric units; Retreat Healthcare, a not-for-profit, specialty psychiatric hospital and addictions treatment center; and the Veteran's Administration Medical Center. In addition, Vermonters living in or near the Connecticut River Valley may use Dartmouth Mary Hitchcock Hospital in New Hampshire.

Vermont State Hospital

Almost all VSH admissions are involuntary, meaning that people are compelled to go to VSH and are committed to the care and custody of the commissioner of VDH. There are primarily two basic ways to be admitted to VSH: civil commitment or forensic evaluation. First, for *civil commitments*, the person must have a mental illness, be dangerous to him / herself or others, and there must be no alternative place that can safely treat that individual. Typically, selected community provider staff, designated by the

Commissioner as Qualified Mental Health Professionals (QMHPs), screen individuals in crisis and initiate applications for emergency examinations, and two different doctors must agree that these standards are met. All of Vermont's civil commitments are first proposed for admission to Vermont's general hospital psychiatric units and are admitted to VSH only if the general hospital programs feel they cannot safely or appropriately treat the patient.

The second path for admission to VSH is when a judge orders a *forensic evaluation* for a defendant in a criminal case when the judge feels that the person may not be competent to understand the legal process because of mental illness. Recent statutory changes now allow the clinical decision about where the patient would be most appropriately treated to be made by the Qualified Mental Health Professionals, and each of the regional psychiatric inpatient programs has agreed to admit those patients whom they can appropriately treat.

Given the above, VSH is seen as the bottom-line, mental health intensive care service for Vermont, in that it is considered the program that is best able to treat individuals with the most complex clinical and behavioral needs. It is also Vermont's most restrictive treatment program. The VSH service in analogous to a tertiary level of care.

Comprised of three units, VSH has a daily bed capacity for fifty-four people. Admissions to VSH in FY02 numbered 253; discharges numbered 299. Use of local general hospitals and strong efforts on the part of designated agencies has, in the past, helped to keep the average daily census within the VSH bed capacity.

Other Inpatient Psychiatric Services in Vermont

There are four General Hospitals that have psychiatric inpatient units: Fletcher Allen Health Care (FAHC) in Burlington, Central Vermont Medical Center (CVMC) in Berlin, the Rutland Regional Medical Center in Rutland, and the Windham Center (WC), operated by Springfield Hospital, in Bellows Falls. In addition, Retreat Healthcare is a not-for-profit, specialty psychiatric hospital and addictions treatment center located in Brattleboro, Vermont. Finally, Dartmouth Mary Hitchcock Hospital in New Hampshire serves Vermonters. These hospitals provide short term, acute, stabilization behavioral health-care services with a focus on keeping individuals close to their communities where they can receive ongoing services. Being close to home makes it easier for providers and clients to assure continuity of inpatient and community supports and services and, in addition, to integrate mental health care with health care in general. As such, VDH has designated these five hospitals to provide limited involuntary care under the oversight of the VDH Commissioner. Designated Qualified Mental Health Professionals (QMHPs), screen individuals for involuntary admissions to these local general hospitals if the individuals are not willing to enter treatment voluntarily.

Although not a VDH designated Hospital for providing involuntary care, the Veteran's Administration Medical Center, located in White River Junction, Vermont, provides outpatient and inpatient mental health services to 3000 veterans, approximately 2200 of

whom live in Vermont. The WRJ VA is a teaching hospital, providing training for residents, medical students, psychology interns and other trainees in multiple fields. Mental health care is provided as part of an overall health benefits package offered to eligible military veterans, most of whom qualify by having low income or chronic disability. Mental Health programs include an array of outpatient services and a ten bed voluntary inpatient ward. At this time, patients needing a locked facility are transferred to other New England VAs if voluntary and to the state system if involuntary. Longer term involuntary placement can be achieved within the New England VA system by court order when necessary.

Since October 1999, VDH has operated an Acute Care Team that provides clinically-driven management of Medicaid resources for inpatient psychiatric admissions for individuals enrolled in the Community Rehabilitation and Treatment (CRT) programs [1] provided at the community mental health centers in Vermont. In addition, this team monitors all hospitalizations of CRT clients regardless of where they occur or the source of payment for their inpatient care. The team also monitors episodes of involuntary hospitalization in local general hospitals through retrospective reviews. These responsibilities put the Acute Care Team in a good position to identify trends and get information about them back to community providers.

Current Vermont Psychiatric Inpatient Units for Adults and Average Annual Use by Patients whose Care is Administered by VDH

(This table is being updated)

Hospital & Location	Number of Psychiatric Beds	Average Bed Use			
		CRT Voluntary	CRT Involuntary	Non- CRT Involuntary	Total
Vermont State Hospital, Waterbury	**54** (6 doubles, 42 singles)	2%	42%	51%	95%
Fletcher Allen Health Care, Burlington	**28** (12 doubles, 4 singles)	12%	1%	4%	17%
Central VT Medical Center, Berlin	**14** (6 doubles, 2 singles)	23%	7%	4%	34%
Windham Center (Springfield Hospital), Bellows Falls	**19** (9 doubles 1 single)	8%	3%	2%	13%
Rutland Regional Medical Ctr., Rutland	**19** (7 doubles, 5 singles)	12%	3%	6%	21%
Retreat Healthcare, Brattleboro	**46** (4 doubles, 38 singles)	2%	0.2%	0.4%	2.6%

[1] CRT Services are designed to provide comprehensive services and supports to meet the specific needs of individuals with a severe and persistent mental illness, including Service Planning and Coordination, Community Supports, Employment Services, Clinical Interventions (assessment, therapeutic, medication or medical services), Crisis services, Housing and Home Supports, Partial Hospitalization, Recovery Services and Transportation. In order to be eligible for the CRT program, an individual must meet several eligibility criteria, including a diagnosis of major mental illness; a long-term disability (as evidenced by social isolation or poor social functioning, a poor work history, or SSI income); and a recent history of intensive and ongoing mental-health treatment (multiple psychiatric hospitalizations, for example, or six consecutive months of outpatient treatment).

SCOPE OF WORK & EXPECTED OUTCOMES

The contractor will identify, obtain and analyze Vermont specific data, data from other states deemed comparable, and national data adequate to conduct a statewide analysis of incidence and prevalence rates 10 years into the future for adult Vermonters with serious mental illness (in the general population and in the Corrections population) to determine the number of psychiatric inpatient beds, both acute and longer term treatment, that will be needed.

The contractor will analyze current psychiatric inpatient utilization rates for both acute stabilization and longer term inpatient treatment, and variations in geographic use of psychiatric inpatient services. The contractor shall provide recommendations about the most appropriate geographic distribution for VSH replacement services and general hospital inpatient services.

The contractor will take into consideration Vermont's community based system of care for mental health services, including the development of new programs as envisioned in the Futures Plan (sub acute rehabilitation, secure residential, hospital diversion, housing and peer supports) in estimating the overall need for psychiatric inpatient care.

In developing the projected inpatient bed numbers, the contractor will consider the impact of expected trends in inpatient programs including: Medicare prospective payments, outpatient funding trends, population trends, and trends impacting the Corrections population, expected clinical co-morbid conditions, and general hospital plans such as Critical Access Designation.

The analysis will project the need state-wide and by county for general psychiatric inpatient care and for tertiary (VSH replacement) inpatient care and relating such need to patients' residences.

Vermont specific data to be obtained and analyzed shall include, but may not be limited to, data from: the Community Needs Assessments required pursuant to Act 53, the Health Resource Allocation Plan, the State Health Plan, the VSH Futures Plan, the Hospital Discharge Data Set, the Hospital Monograph Series, and the VDH State Hospital and Community Managed Care Information System.

The contractor will provide the State with a written report that includes an explanation of all data sources and their limitations and methodologies. The contractor will identify the assumptions used in establishing incidence and prevalence rates and inpatient psychiatric bed need now and ten years into the future.

Additional Specifications and Considerations

Below is a list of diverse considerations that the Vermont Mental Health stakeholder community feels are important to consider in developing an estimate of Vermont's future capacity needs for inpatient psychiatric beds.

- The Vermont statutory framework for involuntary psychiatric treatment and for involuntary medication.
- Complex co-morbid conditions including substance abuse, traumatic brain injury and other organic brain conditions.
- Patients with treatment refractory illness requiring longer (more than one month) length of inpatient care.
- Delayed discharge from inpatient settings due to lack of community resources.
- Adequacy of the current inpatient capacity, including for voluntary care
- Strongly held value for voluntary, community-based treatment
- Trends in forensic evaluations and in the need for psychiatric inpatient services for incarcerated Vermonters
- Impact of demographic changes to the State's population
- Small area variation analysis

Proposal Review

Members of the Department of Health staff and employees from other state agencies will review proposals for compliance with RFP procedural requirements. If the procedural instructions are not followed, the proposal shall be considered non-responsive. Non-responsive proposals will be eliminated from further evaluation or returned to bidding agency to address minor irregularities.

Proposals will be reviewed for content by a team of individuals from the Department of Health and other Agency of Human Services /Departments with relevant technical, managerial and financial backgrounds. In addition, consumers of mental health services and family members will be included on the review team.

Scoring

Proposals will be scored by individual team members. The proposal's preliminary score will be the sum of the scores from individual review team members.

The following weight is assigned to each component of the RFP:

(1) TECHNICAL PROPOSAL	25
(2) AGENCY QUALIFICATIONS	20
(3) AGENCY CAPACITY	20
(4) PROGRAM COST	25
(5) IMPLEMENTATION TIMEFRAME	10

Total Maximum Individual Scores 100